FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Mail Processing Section

FEB 22 2008

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | |
|-------------------------------|--|--|--|--|--|--|
| Expires: Estimated average | 3235-0076 April 30, 2008 e burden 16.00 | | | | | |
| SEC U | SE ONLY | | | | | |
| Prefix | Serial | | | | | |
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| 1 | I | | | | | |

Washington, DC

| Name of Offering | (⊠ check if this is an a | | , | | Finding | |
|------------------------------|----------------------------|-------------------------|----------------------|-------------------------|------------------|-----------------------------|
| Filing Under (Check I | partnership interests of | ☐ Rule 504 | Rule 505 | Rule 506 | Section 4(6) | ULOE |
| Type of Filing: | New Filing | ☐ Amendment | ☐ Ligie 202 | ☑ Unie 200 | | |
| | | A. BASIC | DENTIFICAT | ION DATA | | |
| 1. Enter the inform | ation requested about th | e issuer | | | | |
| Name of Issuer | check if this is an ar | nendment and name h | as changed, and in | dicate change. | | |
| SPM Directional Mo | rtgage Credit Fund, L.P | ., fka The Zeno Fund, | L.P | | | 08040541 |
| Acdress of Executive | Offices | | (Number and Stree | et, City, State, Zip Co | ode) Telephone N | umber (Including Area Code) |
| c/o Structured Serv 89119 | icing Transactions Gro | up, L.L.C., 2215 B Rer | naissance Dr., Ste | 5, Las Vegas, NV | | (203)351-2873 |
| Acdress of Principal | Offices | <u> </u> | (Number and Stree | et, City, State, Zip Co | ode) Telephone N | umber (Including Area Code) |
| (if different from Exec | cutive Offices) | | | | | 0/21 |
| Brief Description of B | usiness: Private In | vestment Company | | <u>-</u> | PROUES | SED |
| Type of Business Org | ganization | <u> </u> | | <u>.</u> | FEB 2 7 2 | 008 |
| (| ☐ corporation | 🛛 limited p | artnership, already | formed | Other (please st | peçify) |
| C | Dusiness trust | ☐ (imited p | artnership, to be fo | med | FINANCIA | N |
| | | | Month | Yea | THAMIACI'S | (L |
| Actual or Estimated C | Date of Incorporation or C | rganization: | 0 2 | 0 | 4 🛭 Ac | tual Estimated |
| Jurisdiction of Incorpo | oration or Organization: | Enter two-letter U.S. P | ostal Service Abbre | viation for State; | | |
| | | CN | l for Canada; FN fo | r other foreign jurisd | iction) D | E |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes the eto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| 1 7 | A | . BASIC IDE | NTIFICATION DAT | ΓΑ | |
|---|-----------------------------|-------------------|---------------------------|--|--|
| Each beneficial owner ha Each executive officer ar | uer, if the issuer has been | dispose, or direc | t the vote or disposition | | a class of equity securities of the issuer; tnership issuers; and |
| Check Box(es) that Apply: | Promoter | cial Owner | ☐ Executive Officer | Director | ☑ General and/or Managing Partner |
| Full Name (Last name first, if indi- | vidual): Structu | red Servicing Tr | ansactions Group, L.L | C. | |
| Business or Residence Address (| Number and Street, City, | State, Zip Code): | 2215-B Renaissa | nce Drive, Suite 5, | Las Vegas, Nevada 89119 |
| Clieck Box(es) that Apply: | Promoter Benefic | cial Owner | | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if indi- | vidual): Browns | tein Donald, I. | | | |
| Business or Residence Address (| Number and Street, City, | State, Zip Code): | | ervicing Transaction | ons Group, L.L.C., Las Vegas, Nevada 89119 |
| Check Box(es) that Apply: | Promoter | iał Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | vidual): Russell, | Christopher | | ··· | |
| Business or Residence Address (| Number and Street, City, | State, Zip Code): | | ervicing Transaction | ons Group, L.L.C., Las Vegas, Nevada 89119 |
| Cr eck Box(es) that Apply: | Promoter Benefic | ial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | vidual): Sellers, | Ronald | | | |
| Business or Residence Address (I | Number and Street, City, | State, Zip Code): | | t Management, L.L eet, Stamford, CT (| |
| Check Box(es) that Apply: | Promoter 🛛 Benefic | ial Owner | Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | vidual): Iron Equ | uity Fund, L.P. | | | - |
| Business or Residence Address (I | Number and Street, City, | State, Zip Code): | Two Northfield P | • | |
| Chi∋ck Box(es) that Apply: □ | Promoter Benefic | ial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Ful Name (Last name first, if indiv | ridual): Makena | Capital Holding | s, B.L.P. | | |
| Business or Residence Address (I | Number and Street, City, | State, Zip Code): | 2500 Sand Hill Ro | 1., Suite 205, Menic | Park, CA 94205 |
| Check Box(es) that Apply: | Promoter Benefic | ial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | ridual): Zero Beta | a Fund, LLC | | | |
| Business or Residence Address (N | Number and Street, City, S | State, Zip Code): | 400 W. Market St. | ., 4 th Floor, Louisvi | lle, KY 40202 |
| Ch∈ck Box(es) that Apply: | Promoter Benefici | ial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if indiv | iduat): | | | | |
| Bus ness or Residence Address (N | Number and Street City (| State Zin Code): | <u> </u> | | |
| | tumber and Street, Oity, t | ow.o, 2.p 0000). | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | <u>. </u> | | | | В. | INFORM | MATION | ABOUT | OFFER | ING | | | | |
|--------------|--|--|---|--|---|---|--|---|---|---|--------------------------|--------------------------------------|--------------|--|
| 1. | Has the issu | er sold, or | does the is | suer inten | d to sell, to Answer | o non-accr also in Apr | edited inve | estors in th lumn 2, if t | is offering | ? ULOE. | | ☐ Yes | ⊠ No | |
| 2. | What is the r | ninimum in | ivestment (| hat will be | | . , | | | - | | ******* | \$1,000,000* May be waived | | |
| 3. | Does the offe | ering permi | it joint own | ership of a | single uni | it? | •••••• | | | | ******* | ⊠ Yes | s □ No | |
| 4. | Enter the info any commiss offering. If a and/or with a associated p | sion or simi person to state or st | ilar remune be listed is tates, list th | eration for a an associ ne name of | solicitation ated perso the broke | of purcha on or agen or or dealer | sers in cor t of a brok r. If more t | nnection w er or deale than five (5 | ith sales o er registere 5) persons | f securities d with the to be liste | s in the SEC d are | | | |
| Full i | Name (Last n | ame first, i | f individual |) | | | | | | | | | | |
| Busi | ness or Resid | lence Addr | ress (Numb | per and Str | eet, City, | State, Zip | Code) | · | ·- <u></u> | | <u> </u> | _ | | |
| Nam | e of Associat | ed Broker | or Dealer | | | | | • | | | | | | |
| | s in Which P (Check "All S | tates" or c | heck indivi | dual State | s) | ••••• | | | | | | | All States | |
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| | | [A] | | | | | [MD] | | | | | | | |
| ☐ {b | | | [NT] | | | - | [NC] | | | | | | | |
| | lame (Last n | | | | | | | | | | | | | |
| Busir | ess or Resid | ence Addr | ess (Numb | er and Str | eet, City, S | State, Zip | Code) | · <u>-</u> | | | | | | |
| Nam | of Associate | ed Broker | or Dealer | - | | | | - | | | | | | |
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| Full N | ame (Last n | ame first, if | individual |) | | | _ | | | | | | | |
| Busir | ess or Resid | ence Addr | ess (Numb | er and Str | eet, City, S | State, Zip (| Code) | | | | | | | |
| Name | of Associate | ed Broker o | or Dealer | | | | | | ······································ | | | | | |
| | in Which Pe | | | | | | nasers | | | | | | ☐ All States | |
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| ☐ (ir | | □ [IA] | ☐ [KS] | □ [KY] | [LA] | ☐ [ME] | | ☐ [MA] | [MI] | ☐ [MN] | ☐ [MS] | [MO] | | |
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| □ [R | ij 🔲 [SC] | □ [SD] | □ [TN] | [XT] □ | [[] נדטן | [VT] | [VA] | [WA] | [WV] | [W] | [WY] | [PR] | | |

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Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate **Amount Already** Offering Price Type of Security Sold Debt.....\$ ☐ Common □ Preferred Convertible Securities (including warrants) Limited Partnership Interests \$ 100,000,000 Total Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Types of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A\$ **Rule 504** Total..... \$ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees...... Printing and Engraving Costs... 169,555 Accounting Fees..... Engineering Fees..... Sales Commissions (specify finders' fees separately).....

Total 🖂

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

169,55<u>5</u>

| 4 | Enter the difference between the aggregate offering pric Question 1 and total expenses furnished in response to Part "adjusted gross proceeds to the issuer." | C—Question 4.a. This difference | ence is the | е | <u>\$</u> | 99, | 830,445 |
|-------|---|--|-------------------|---|------------------------------|----------------------|-----------------------|
| | Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any jestimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in respons | purpose is not known, furnis otal of the payments listed m | h an ust equal | Payments to Officers, Directors & Affiliates | | | Payments to Others |
| | Salaries and fees | | | \$ | 🗆 | \$ | |
| | Purchase of real estate | | | \$ | □ | \$ | |
| | Purchase, rental or leasing and installation of machine | ery and equipment | | \$ | 🗆 | \$ | |
| | Construction or leasing of plant buildings and facilities | . | | \$ | | <u>\$</u> | |
| | Acquisition of other businesses (including the value of offering that may be used in exchange for the assets pursuant to a merger | or securities of another issue | | \$ \$ \$ | D | \$ \$ \$ \$ | 99,830,44 |
| | Column Totals | | | <u>\$</u> | | \$ | 00 930 44 |
| | Total payments Listed (column totals added) | | | <u>\$</u> X | 图 \$ 99,83 | | 99,830,44. 5 |
| by ti | issuer has duly caused this notice to be signed by the under stitutes an undertaking by the issuer to furnish to the U.S. Serie issuer to any non-accredited investor pursuant to paragrap | FEDERAL SIGNATU signed duly authorized pers curities and Exchange Com | on. If this | notice is filed under f | Rule 505, the its staff, the | e follow | ving signature |
| Nan | e of Signer (Print or Type) Tit | le of Signer (Print or Type) eneral Partner, by Upper Si issell, COO | | ctured Servicing Tra clates, LLC, its Man | | | |

| · | | | |
|-------|---|---|--|
| | A CONTRACTOR BY CONTRACTOR | E. STATE SIGNATURE | |
| ·. | Is any party described in 17 CFR 230.262 preser provisions of such rule? | | ☐ Yes 🖾 No |
| | See Ap | pendix, Column 5, for state response. | |
| 2. | The undersigned issuer hereby undertakes to fur (17 CFR 239.500) at such times as required by s | | hich this notice is filed a notice on Form D |
| 3, | The undersigned issuer hereby undertakes to fur | nish to the state administrators, upon written re | quest, information furnished by the issuer to offerees. |
| 4. | | e is filed and understands that the issuer claim | tisfied to be entitled to the Uniform limited Offering ing the availability of this exemption has the burden |
| | issuer has read this notification and knows the content orized person. | s to be true and has duty caused this notice to | be signed on its behalf by the undersigned duly |
| Issu | er(PrintorType) SPM Directional | Signature | Date |
| Mort | tgage Credit Fund, L.P. | | February 19, 2008 |
| | ne of Signer (Print or Type) stopher Russell | | red Servicing Transactions Group, L.L.C., ites, LLC, its Managing Member, by Christopher |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | '4 | · | - | API | PENDIX | | | | |
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| | to non-a | | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1) | | | | |
| State | Yes | No | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
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| 1 | | 2 | 3 | | | 4 | <u></u> - | | <u></u> - | |
| | to non-a investors | i to sell ccredited s in State - Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Type of investor and Amount purchased in State (Part C – Item 2) | | | | | |
| 5.tate | Yes | No | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| NY | | х | \$100,000,000 | 2 | 3,604,499 | 0 | \$0 | | х | |
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